

DEC 22 1989

In Reply Refer To:
Docket: 50-298

Nebraska Public Power District
ATTN: George A. Trevors
Division Manager - Nuclear Support
P.O. Box 499
Columbus, Nebraska 68602-0499

Gentlemen:

SUBJECT: MEETING TO PRESENT CHANGES IN LICENSED OPERATOR EXAMINATION AND
REQUALIFICATION PROGRAMS

On Thursday, November 30, 1989, representatives listed in Enclosure 1 met in the Region IV office to discuss ongoing changes in the licensed operator program and related questions. The discussions centered around four basic areas: (1) the Generic Fundamentals Examination Section, (2) the Site Specific Examination Section, (3) the licensed operator requalification program, and (4) miscellaneous changes and issues affecting licensed operators. The overlays and handouts from this meeting are Enclosure 2. If you have any questions, please feel free to contact J. L. Pellet, Chief, Operator Licensing Section, at (817)860-8159.

Sincerely,

Original Signed By:

J. A. Westerman

for Samuel J. Collins, Director
Division of Reactor Projects

Enclosures:
As stated

cc w/enclosures: (see next page)

C:OLS *ad*
JLPellet/lb
12/20/89

D:DRS *12/20*
LJCallan
12/20/89

D:DRP *for*
SJCcollins
12/21/89

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PDR ADOCK 05000298
V PDC

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Nebraska Public Power District

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Nebraska Public Power District
ATTN: G. D. Watson, General Counsel
P.O. Box 499
Columbus, Nebraska 68601

Cooper Nuclear Station
ATTN: Guy R. Horn, Division
Manager of Nuclear Operations
P.O. Box 98
Brownville, Nebraska 68321

Nebraska Department of Environmental
Control
ATTN: Dennis Grams, Director
P.O. Box 98922
Lincoln, Nebraska 68509-8922

Nemaha County Board of Commissioners
ATTN: Larry Bohlken, Chairman
Nemaha County Courthouse
1824 N Street
Auburn, Nebraska 68305

Department of Health
Division of Radiological Health
ATTN: Harold Borchart, Director
301 Centennial Mall, South
P.O. Box 95007
Lincoln, Nebraska 68509-5007

Kansas Radiation Control Program Director

U.S. Nuclear Regulatory Commission
ATTN: Senior Resident Inspector
P.O. Box 218
Brownville, Nebraska 68321

U.S. Nuclear Regulatory Commission
ATTN: Regional Administrator, Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

Nebraska Public Power District

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bcc w/enclosures:
bcc to DMB (IE42)

bcc distrib. by RIV:

R.D. Martin, RA
Section Chief (DRP)
RIV File
Project Engineer, DRP/B
DRS
Licensee & Debt Collection Branch
ATTN: Leah Tremper

RPB-DRSS
MIS System
DRP

J. L. Pellet
NRR:Project Manager
J. L. Pellet Reading File

ATTENDANCE LIST

AP&L

Edward D. Wentz, Operations Training Supervisor
Paul D. Crossland, Operations Training Supervisor
Ed Force, Manager Training
Kenneth Canitz, Operations Training Supervisor

GSU

Dale Andrews, Director, Nuclear Training
Rick Jackson, Supervisor, Operations Training

HL&P

Jim Constantin, Supervisor, Simulator Training
William Dowdy, Shift Supervisor
Paul Appleby, Training Manager

LP&L

Charles J. Toth, Training Manager
Jay O'Hern, Operations Training Supervisor
Wayne L. Smith, Simulator Training Supervisor

NPPD

Jeff Boyd, SRO/RO Instructor
Mark Gillan, Action Operations Training Supervisor
Duane Shallenberger, SRO/RO Instructor

OPPD

Jeff Spilker, Operations Engineer
Michael Lazar, Supervisor, Operations Technical Training

PSC

Ted Borst, Nuclear Training Manager
Ken Einig, Nuclear Training Supervisor
M. E. Deniston, Superintendent of Operations
David Goss, Nuclear Regulatory Affairs Manager

TU

Jerry Walker, Operation/Engineering Training Manager
Jerry McMahon, Manager Training
John Ellard, Simulator Training Supervisor
Greg Bell, Nuclear Licensing

WCNOC

James A. Zell, Manager Training

CASE

Owen L. Thero

Edna Ottney

NRC

John L. Pellet, Chief, Operator Licensing Section, NRC

Ted Szymanski, Technical Assistant, NRC-OLB

Mark Satorius, Operator Licensing Examiner, NRC-Region IV

Jack Keeton, Operator Licensing Examiner, NRC-Region IV

Stephen L. McCrory, Operator Licensing Examiner, NRC-Region IV

Kriss Kennedy, Operator Licensing Examiner, NRC-Region IV

Joel Wiebe, NRC-CPPD

OPERATOR LICENSING PROGRAM MEETING

NOVEMBER 30, 1989

GENERIC FUNDAMENTALS EXAM SECTION

SITE SPECIFIC EXAM SECTION

REQUALIFICATION EXAMINATIONS

MISCELLANEOUS TOPICS

GENERIC FUNDAMENTALS EXAM SECTION

- 3x/year, early Oct., Feb., & June.
- 100 points, 2½ hour, mult. choice.
- Required unless previously licensed since '82 on comparable (B/PWR) plant.
- Stand-alone exam (part of exam process but not averaged in with SSES).
- 80% to pass.
- Eligible to take if in program leading to license.
- Passing is condition of application (can't apply for license until passed).

SITE SPECIFIC EXAM SECTION

- Single category, 80% to pass.
- 100 point exam.
- 4½ hour length.
- Multiple choice with some matching.
Impacts on use of fac. bank. Scores may be lower since no credit for partial knowledge. Less memorization since recognition vs. recall.
- Pre-exam review normal & encouraged.
Technical and content OK. Expect post-admin comments by end of exam week.
- Copy of modified sample plan attached.
- Material problems recurrent. Impact greater with new format. Being identified in pre-review not enough.
- SSES exam sets getting smaller. May be problem as requal uses more resources.
- SRO Upgrade same as instant in plant.

REQUALIFICATION EXAMINATIONS

- All 1st round satisfactory in RIV, some barely.
- Facility encouraged to submit proposed exam with other material.
- Security of exam material must be addressed, both before and after some or all of facility bank submitted to NRC.
- NRC team members assigned by facility need to understand role and want job. They have major role in success or failure of program & individuals.

REQUALIFICATION EXAMINATIONS

- Performance weaknesses in 1st round:
 - Written, especially sect. A,
 - JPM failure due to procedure problem,
 - JPM failure due to inability to follow procedure (occasional),
 - Evaluator ability to cue and objectively evaluate.
 - Lack of operator understanding of open reference test, and
 - Lack of familiarity with ES-601.
- Material weaknesses in 1st round:
 - Written item construction,
 - Simulator ISCT identification,
 - Simulator time critical task ident.,
 - JPM critical task definition,
 - JPM objective performance standard,
 - Written content of sect. A vs. B,
 - JPM problems not found during validation/walkdown, and
 - Sample plans weak or nonexistent.
- Recent changes involving simulator:
 - At least 2 ISCTs per person,
 - Goal is examine as operate & train, limited to 5 + STA, and
 - All SROs evaluated directing operators, using EOPs, & implementing E-plan.

MISCELLANEOUS NEWS

- Several problems in last year related to licensed operators assuming watch when not qualified to do so. Examples include:
 - Going beyond two year medical time period.
 - Failing to recognize going inactive.
 - Returning to watch after failing annual requal exam before re-exam.
 - At dual unit site after giving up license on one unit.
- Policy on response to second failure of NRC requalification exam under review. Case basis for now.
- Schedule for RIV attached for '90 & '91.
- Advance copies of revised 396 & 398 attached. LA sending limited supply in December. Use for applications after February 1, 1990.

BOILING WATER REACTOR (BWR)

SITE SPECIFIC EXAM SECTION

SAMPLE PLAN

<u>E / APE'S</u>	(K1, K2, K3, A1, A2, SG)	<u>RO POINTS</u>	<u>SRO POINTS</u>
GROUP 1		13	17
GROUP 2		19	26
GROUP 3		4	
 <u>PLANT SYSTEMS</u>	 (K1-6, A1-4, SG)		
GROUP 1		28	23
GROUP 2		19	13
GROUP 3		4	4
 <u>PLANT WIDE GENERICS</u>		 13	 17
		<hr/>	<hr/>
TOTAL POINTS:		100	100

**PRESSURIZED WATER REACTOR (PWR)
SITE SPECIFIC EXAM SECTION
SAMPLE PLAN**

<u>EPE'S</u>	(K1, K2, K3, A1, A2, SG)	<u>RO POINTS</u>	<u>SRO POINTS</u>
GROUP 1		16	24
GROUP 2		17	16
GROUP 3		3	3
 <u>PLANT SYSTEMS</u>	 (K1-6, A1-4, SG)		
GROUP 1		23	19
GROUP 2		20	17
GROUP 3		8	4
 <u>PLANT WIDE GENERICS</u>		 13	 17
		<hr/>	<hr/>
TOTAL POINTS:		100	100

Region IV Facility Exam Requests as of 29-Nov-89

FY	AND1	AND2	DP	DNS	FCS	FSV
90	11/13/89 6 RD		6/25/90 6 UG	2/26/90 4 UG	5/14/90 4 RD	1/29/90 1 SSLO
	8/27/90 6 RD 6 SRD	7/30/90 RQ-30 8/6/90 RQ	11/27/90 8 RD 6 UG 2 SRD			
91	2/91 RQ-30 2/91 8 RD	12/10/90 6 RD 6 UG	6/91 6 RD 2 SRD	5/91 6 RD 2 SRD 5 UG 1st SIM	10/7/90 6 RD 3 SRD 1st SIM	
	8/91 6 RD 6 UG		6/91 RQ-30		5/91 5 RD 4 SRD	
92	8/92 6 RD 6 UG	12/91 6 RD 6 UG	11/91 4 RD 2 SRD 2 UG	11/91 RQ-30	10/91 4 RD 2 SRD 4 UG 10/91 RQ-20	
		7/92 RQ-30	6/92 6 RD 2 UG	5/92 6 RD 11/92 RQ-R	5/92 3 RD 1 SRD 3 UG	
89	5/89-12	-	7/89-12	9/89-12	4/89-5	-
90	-	7/90-30	-	-	-	-
91	2/91-30	-	6/91-30	-	10/91-20	-
92	-	7/92-30	-	11/91-30	-	-
93	2/93-R	-	6/93-R	11/92-R	10/93-R	-

Region IV Facility Exam Requests as of 29-Nov-89

FY	RB	STP	WF3	WC
90	10/16/89 2 RD 2 UG	3/12/90 RQ-30 3/19/90 RQ		11/20 5 RD 1 SRD
	1/29/90 RQ-30 2/5/90 RQ 8/6/90 5R3SRD	7/24/90 4 RD 12 SRD	9/10/90 5 SRD 10 UG	
91	6/91 6 RD 2 SRD 3 UG	9/91 4 RD 8 SRD	2/91 RT	10/22/90 RQ-30 10/29/90 RQ
			9/91 RQ-30	4/91 9 RD 3 SRD
92	12/91 RQ-30 12/91 6 RD 2 SRD 3 UG	3/92 RQ-30	2/92 10 RD	10/91 RQ-30
		9/92 3 RD 5 SRD	9/92 RT	4/92 9 RD 6 UG
89	-	-	9/89-12	-
90	1/90-30	3/90-30	-	-
91	-	-	9/91-30	10/90-30
92	12/91-30	3/92-30	-	10/91-30
93	-	-	9/93-R	-

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SUMMARY OF CHANGES TO NRC FORM 399

- Item 4.d - Added clarifying statement to indicate this is to be checked only if application is to amend license to add additional unit(s).
- Item 4.f - Added "(Category)" to Operating.
Added "Medical".
- Item 4.g - Added a new item "Date Passed Generic Fundamentals Examination Section".
- Item 12.3 - Changed wording to "Certified Startup Program Completed" for clarification.
- Item 12.5 - Changed wording to "Extra Person On Shift In Control Room (13-week minimum)" for clarification.
- Item 12.5a - Added a new item "Time On Shift Above 20% Power (6-week minimum)".
- Item 14.a - Added the words "That Is Based Upon A Systems Approach to Training" for clarification.
- Item 15 - Added "Date and Result of Most Recent NRC Administered Requalification Examination".
- Item 19.a - Added the wording "I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instances where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility".
- Item 19.b and Item 19.c - Moved 19.b and 19.c together. Applicable box must now be checked. Also added block for typed name of Training Coordinator and Senior Management Representative On Site.
- FOR NRC USE - Under waiver category added "Medical".

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**INSTRUCTIONS FOR COMPLETING NRC FORM 288
PERSONAL QUALIFICATION STATEMENT—LICENSEES
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED**

DRAFT**4. TYPE OF APPLICATION**

2a NEW — "X" IF YOU ARE A NEW APPLICANT. COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: *SEE ITEM 14* — THERE IS AN EXCEPTION. ALSO, THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN. PLEASE WRITE "WITHDRAWN" NEXT TO "NEW."

2b thru 2e — FOR 2b THRU 2e, COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: *SEE ITEM 14* — THERE IS AN EXCEPTION.

2b RENEWAL — "X" IF YOU ARE RENEWING CURRENT LICENSE.

2c UPGRADE — "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A SRO.

2d MULTI-UNIT — "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT.

2e REAPPLICATION — "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.

2f WAIVER REQUESTED — "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).

2g DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (GFES). THIS IS NOT APPLICABLE TO RESEARCH REACTORS. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (PWR OR BWR) AFTER FEBRUARY 1, 1992, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS OR REQUALIFICATION EXAMINATIONS.

11. EDUCATION — INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION. FOR MAJOR AREA(S) OF STUDY, INDICATE THE NUMBER OF YEARS SPENT IN EACH COLLEGE CURRICULUM AND THE HIGHEST DEGREE RECEIVED, USING THE DEGREE CODES PROVIDED. FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDE PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, ETC. INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE UNDER COMMENTS (ITEM 17).

12. TRAINING — INDICATE THE TRAINING YOU HAVE RECEIVED TO MEET THE REQUIREMENTS OF ANSI N18.1/ANS 3.1. THE BREAKDOWN OF TRAINING IN THIS CATEGORY PARALLELS THE ANSI STANDARDS. REFER TO THE STANDARDS IF YOU NEED FURTHER CLARIFICATION. INCLUDE BOTH BEGINNING AND COMPLETION DATES AND THE TOTAL NUMBER OF WEEKS SPENT IN EACH TYPE OF TRAINING. THE NUMBER OF WEEKS IS PROVIDED, IN ADDITION TO BEGINNING AND COMPLETION DATES, TO ACCOUNT FOR INTERMITTENT TRAINING (FOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIOD). THEREFORE, THE DATE COLUMNS MAY INDICATE A LARGER TIME SPAN THAN THE ACTUAL NUMBER OF WEEKS SPENT IN FULL-TIME TRAINING. TIME IN TRAINING FOR THE LICENSE APPLIED FOR CANNOT BE DOUBLE COUNTED UNDER EXPERIENCE (ITEM 13).

ALL REQUALIFICATION TRAINING TIME IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM. PLEASE DO NOT "DOUBLE LIST" THE TIME SPENT IN REQUALIFICATION TRAINING UNDER ITEM 12.8, REQUALIFICATION, EVEN THOUGH IT MAY INCLUDE CLASSROOM OR SIMULATOR TIME.

13. EXPERIENCE — A MINIMUM OF 6 MONTHS AT THE SITE FOR WHICH THE LICENSE IS SOUGHT IS REQUIRED. FOR EACH POSITION HELD, COMPLETE ITEM 18. DO NOT DOUBLE COUNT TIME. IF YOU HAD OVERLAPPING DUTIES, THE MONTHS SHOULD REFLECT THE PROPORTIONATE AMOUNT OF TIME YOU WERE ASSIGNED TO THOSE PARTICULAR DUTIES. IN NO CASE SHOULD THE NUMBER OF MONTHS REPORTED FOR A PARTICULAR TIME PERIOD EXCEED THE NUMBER OF MONTHS THAT ARE IN THAT TIME PERIOD.

14. FACILITY OPERATOR TRAINING PROGRAM — INDICATE a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM. IF "YES" IS CHECKED IN BOTH ITEMS 14a AND 14b, THEN ITEMS 11 (EDUCATION), 12 (TRAINING), 13 (EXPERIENCE), AND 16 (EXPERIENCE DETAILS) DO NOT HAVE TO BE DOCUMENTED. NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS UNDER ITEM 12.3. NOTE: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND MEANS THAT AT LEAST THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, REV. 2, ARE MET.

15. FOR RENEWALS ONLY — (1) ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL. (2) ENTER DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION.

16. EXPERIENCE DETAILS — INCLUDE POSITION TITLE, TIME PERIOD—FROM/TO, FACILITY, AND A BRIEF DESCRIPTION OF DUTIES PERFORMED WHILE SERVING IN THAT POSITION. IF MORE SPACE IS NEEDED, USE COMMENTS (ITEM 17), OR IF NECESSARY, ATTACH ADDITIONAL INFORMATION.

17. COMMENTS — USE THIS SPACE TO INCLUDE ANY EXTRA INFORMATION OR CLARIFICATION FOR OTHER ITEMS ON THE APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.

18. NRC FORM 288, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE — MUST ACCOMPANY THIS APPLICATION.

19. SIGNATURES — SIGN AND DATE ITEM 19a. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

ATTACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 288 (ORIGINAL AND TWO COPIES EACH) TO THE APPRO-

PERSONAL QUALIFICATION STATEMENT-LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN FOR RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUIREMENT: 2.0 HRS.
FORWARD COMMENTS REGARDING BURDEN ESTIMATE
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (R&M), U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20545, AND TO THE PAPERWORK
REDUCTION PROJECT (2180-00-01), OFFICE OF MANAGE-
MENT AND BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

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4. TYPE OF APPLICATION (Check applicable boxes)

1. NOT	2. REAPPLICATION	3. WAIVER REQUESTED (Specify on Reverse)
2. COLD	1. FIRST	1. AIR/IT/EN/COMPLY
3. NEW	2. SECOND	2. OPERATING (Specify)
4. RENEWAL	3. THIRD	3. ELIGIBILITY
5. UPGRADE		4. MEDICAL
6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		5. OTHER
7. DAYS PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)	MM YY	

2. CITIZENSHIP

3. BIRTH DATE

a. UNITED STATES

MONTH DAY YEAR

b. OTHER (Specify)

5. PREVIOUS LICENSE(S) HELD

a. OPERATOR

b. DOCKET NUMBER

RD BRO

c. LICENSE NUMBER

d. EXPIRATION DATE

e. FACILITY DOCKET NUMBER

b. SENIOR OPERATOR

88-

c. LIMITED BRO (e.g., Fuel Handler)

MONTH DAY YEAR

80-

7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER

10. CURRENT POSITION AT FACILITY

a. PLANT SUPERINTENDENT	b. ASSISTANT PLANT SUPERINTENDENT	c. SHIFT SUPERVISOR	d. STAFF ENGINEER	e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER	f. INSTRUCTOR	g. SENIOR CONTROL ROOM OPERATOR	h. CONTROL ROOM OPERATOR	i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR)	j. OTHER (Specify)
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8. NAME OF APPLICANT'S FACILITY

FACILITY DOCKET NUMBER

9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licensees)

11. EDUCATION

a. HIGH SCHOOL	b. MAJOR AREA(S) OF STUDY	c. NUMBER OF YEARS	d. HIGHEST DEGREE	e. DEGREE CODES (If 9 or more for "HIGHEST DEGREE" obtained)	f. VOCATIONAL/TECHNICAL TYPE OF TRAINING	g. NUMBER OF MONTHS	h. CERTIFICATE RECEIVED
GRADUATE	ENGINEERING (FIELD)			0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL			
GED EQUIVALENCY	OTHER						
NO							
i. NUMBER OF YEARS OF COLLEGE							

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	a. MONTH AND YEAR FROM TO	b. NUMBER OF WEEKS	NAVY	a. MONTH AND YEAR FROM TO	b. NUMBER OF WEEKS
2 - PLANT SYSTEMS CLASSROOM OBSERVATION			1. RO		
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Include Classroom) SIMULATOR NAMES			2. EDOW/PPWO		
a. CERTIFIED STARTUP PROGRAM COMPLETED	YES NO		3. SWS/PPWS		
b. NUMBER OF REACTIVITY MANIPULATIONS			4. ERS/CRW		
			5. OTHER (Specify)		
4 - BRO INSTRUCTION			6. OPERATOR		
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (110-1000 MINIMUM)			7. SUPERVISOR		
a. TIME ON SHIFT ABOVE 50% POWER (110-1000 MINIMUM)			8. PLANT STAFF		
6 - REQUALIFICATION			9. OTHER (Specify)		
7 - OTHER (Specify)			10. REACTOR OPERATOR (Licensee)		
			11. SENIOR OPERATOR (Licensee)		
			12. SHIFT SUPERVISOR (Licensee)		
			13. STAFF/SHIFT ENGINEER (Licensee)		
			14. AUXILIARY OPERATOR (Non-Licensed)		
			15. PLANT STAFF		
			16. OTHER (Specify)		

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ENCLOSURE 1

NRC FORM 280
10-00
10 CFR 55.22, 55.21
and 55.37

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY NRC: DO 2100000
EXP: 1000 13101

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

NOTES: BURDEN FOR RESPONSE TO QUALITY WITH
THIS INFORMATION COLLECTION REQUEST IS ON
FORWARD COMMENTS REGARDING BURDEN OF THIS
TO THE INFORMATION AND RECORDS MANAGEMENT
BRANCH (P-001) U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20548 AND TO THE PAPERWORK
REDUCTION PROJECT (210-00704), OFFICE OF MANAGE-
MENT AND SUPPORT, WASHINGTON, DC 20548.

NAME OF APPLICANT

FACILITY

FACILITY BOOKLET NUMBER

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME OF PHYSICIAN

STATE AND LICENSE NUMBER

EXAMINATION DATE

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 5.6-1963, OR ANSI/ANS 10.4-1977 (NRC) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☐ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 only)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly describe how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 only)

B. NONMEDICAL CERTIFICATION

POWER REACTORS: THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS: THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

ANY FALSIFICATION OR OMISSION IN THIS DOCUMENT INCLUDING ATTACHMENTS MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Block 6 signature) (Signature of Facility Licensee or Operator)

DATE

In accordance with 10 CFR 55.8, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
675 Alleghene Road
King of Prussia, PA 19003

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Edwards Street, Suite 3100
Atlanta, GA 30303

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
765 Roosevelt Road
Glen Blinn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
911 Ryan Plaza Drive, Suite 1050
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1650 Idaho Lane, Suite 210
Vallejo, CA 94590

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PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(i)(2), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 280. This information is maintained in a system of records designated as NRC-16 and described at 81 Federal Register 33167 (September 18, 1966).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55.13 for an exemption or to be issued an operator's license.

ROUTINE USE: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the event of an emergency or nuclear emergency. In addition, this information may be transferred to an appropriate Federal, State, and local agency as the source requests and necessary for an NRC action about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Desk for Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20548.

14. FACILITY OPERATOR TRAINING PROGRAM									
a. GRADUATE OF NRC APPROVED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING			YES	NO	b. IDENTIFY ON ONE FORM OF SIMULATION FACILITY CERTIFICATION OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM			YES	NO

OR TRAINING PROGRAM		YES	NO
6. DUTIES ON FIRE FIGHTING SIMULATION FACILITY	6. DUTIES ON FIRE FIGHTING SIMULATION FACILITY		

HOLDING OPERATED FACILITY:		DATE AND PERIOD OF MOST RECENT INFO ADMINISTERED		DATE	REMARKS

16. EXCHANGING DETAIL			
a. POSITION TITLE	FROM	TO	b. FACILITY

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17. ~~Supervisor's signature and date number is added per the following. A new employee Code is assigned.~~

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

SIGNATURE APPLICANT _____ DATE _____

CHECK APPLICABLE BOX

6. RENEWAL ONLY - I certify that the above named individual meets the approved reclassification program (with exceptions noted in item 7) as required by section 50.54 (a) of 10 CFR 50.5 and that he/she has acknowledged his/her liability responsibilities completely and solely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

PRINTED OR TYPED NAME	SENIOR MANAGEMENT REPRESENTATIVE ON SITE
	PRINTED OR TYPED NAME

DATE _____

FOR NAC USE	
WAIVER (Check or Complete items, as applicable)	MEETS REQUIREMENTS

CATEGORY	DRAFTED BY		CHECKED BY		MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS (Explain below)
	READ/WRITER	REVIEWER	HEALTHY/LEADER	REVIEWER		
WRITTEN					DRAFT	
OPERATING						
ELIGIBILITY						
MEDICAL						
OTHER						
					SIGNATURE REVIEWER	DATE

DRAFT

NRC FORM 208 (10-69)

SUMMARY OF CHANGES TO NRC FORM 398

Medical Examination Certification - Added block "Restriction Change From Previous Submittal" plus Remarks section.

Non-Medical Certification

- Changed non-medical certification statement to: Power Reactors-This certifies that the applicant has been found to meet the safeguards' and fitness for duty requirements of this facility for licensed operators. Nonpower-This certifies that the applicant has been found to meet the safeguards' requirements of this facility for licensed operators and I have no knowledge of the applicant exceeding the cutoff levels for alcohol or controlled substances as established pursuant to 10 CFR 26.

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